

CHAPTER 5 - ADAPTED PHYSICAL EDUCATION, OT, AND PT

5.1 STANDARD: Adapted physical education, occupational therapy, and physical therapy are all designated instruction and service (DIS) but serve different functions.

Legal Reference: Designated instruction and services (DIS), defined:

"Designated instruction and services" means specially designed instruction and related services described in subsection (b) of Section 56361 and subsection (b) of Section 56363 of the Education Code, and Section 3051 of Title 5 of the California Code of Regulations, as may be required to assist a pupil with a disability to benefit educationally. (2 CCR sec. 60010(h).)

Adapted physical education

The term "special education" is defined in part as: 34 CFR sec. 300.26:

Specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability, including

Instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; and

Instruction in physical education.

"Physical Education" is defined as follows:

(i) The term means the development of:

Physical and motor fitness;

Fundamental motor skills and patterns;

Skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports).

The term includes special physical education, adapted physical education, movement education, and motor development.

Adapted physical education is for individuals with exceptional needs who require developmental or corrective instruction and who are precluded from participation in the activities of the general physical education program, modified general physical education program, or in a specially designed physical education program in a special class.

Consultative services may be provided to pupils, parents, teachers, or other school personnel for the purpose of identifying supplementary aids and services or modifications necessary for successful participation in the regular physical education program or specially designed programs. (5 CCR sec. 3051.5(a).)

The person providing instruction and services shall have a credential authorizing the teaching of adapted physical education as established by the Commission on Teacher Credentialing... (5 CCR sec. 3051.5(b).)

Note: All statutory citations apply to the California Education Code unless otherwise stated.

Occupational and Physical Therapy

Occupational or physical therapists shall provide services based upon recommendation of the individual education program team...(5 CCR sec. 3051.6(a)(1).)

Section 3051.6(b) Qualifications of therapists:

The therapists shall have graduated from an accredited school.

A physical therapist shall be currently licensed by the Board of Medical Quality Assurance of the State of California and meet the educational standards of the Physical Therapy Examining Committee.

An occupational therapist shall be currently registered with the American Occupational Therapy Association...(5 CCR sec. 3051.6(b).)

Discussion: A pupil may have multiple DIS services which are needed to assist the student in benefiting from the educational program. Adapted physical education, occupational therapy, and physical therapy may not be substituted one for the other even though all three services may work on a similar skill or on the same IEP goal. The need for each DIS is documented as contributing to the child's educational program. Collaboration is recommended among the disciplines (adapted physical education, occupational therapy, and physical therapy) for example; implementing the MOVE program.

Adapted physical education specialists are educators who have taken courses in anatomy, physiology, exercise physiology, human development, kinesiology, motor control theory, motor development, cognitive development, learning theory, sport, recreation, dance, behavior management, and have studied the etiology of disabilities and their effects upon movement. Adapted physical education is a combination of the disciplines of physical education and special education.

Adapted physical education specialists use instructional techniques to improve the student's movement performance in:

- gross motor skills
- object control skills
- fine motor skills
- perceptual motor skills
- physical fitness: strength, endurance, cardiovascular, and flexibility
- functional skills
- motor fitness: speed, power, agility, balance, and coordination
- recreation/leisure/life-time activities
- sport and game skills
- dance
- aquatics

Occupational therapists are health professionals who have specific training in human growth and development and remediation of dysfunction. Included in the occupational therapist's education are courses in human anatomy and physiology; human development, especially the motor and psychosocial domains; sensorimotor processing as related to functional activities; kinesiology; analysis of activities of daily living; and the study of occupational roles.

Occupational therapists use purposeful, goal-directed activities to improve student performance in:

- postural stability
- sensory registration and processing
- motor planning
- visual perception and integration
- fine motor
- activities of daily living
- environmental adaptations/assistive devices
- social play/organization of behavior

Physical therapists are health professionals with specific training in kinesiology and the remediation of dysfunction. Included in the physical therapist's education are courses in human anatomy and physiology; physical pathophysiology; joint and whole body physiology; gait and posture analysis; human development, especially gross motor development and motor control theories, physical treatment modalities; and cardiopulmonary, orthopedic, and neurological rehabilitation.

Physical therapists use techniques that correct, facilitate, or adapt the student's functional performance in:

- motor control and coordination.
- sensorimotor coordination.
- postural balance and stability.
- activities of daily living/functional mobility .
- environmental adaptations/accessibility.
- use of assistive devices.

Similarities and Differences: The similarities among the three (Adapted Physical Education, OT, and PT) are many as these disciplines often work on the same types of skills. For example, in both the PT and Adapted Physical Education settings, a student could work on the skills of transferring, sitting independently, walking, and jumping. In both OT and Adapted Physical Education, the student could be working on fine motor skills used in the classroom, functional manipulative skills, and play activities. All three disciplines strive to improve movement performance by improving the motor coordination of skills. The three recognize the importance of the underlying neuromuscular systems that are responsible for the execution of a movement.

In general, occupational and physical therapists are health professionals who have certification or a license while adapted physical education specialists are educators who have a credential. The methods used often distinguish the disciplines. Some occupational therapists assist the child as they address the fine motor needs of the child in the classroom and during functional activities such as eating.

Both physical and occupational therapists are more knowledgeable than Adapted Physical Education specialists regarding assistive devices to be used to enhance posture, gait, and hand usage. These disciplines have more of a foundation in the medical domain and seek to remediate movement. Adapted physical education falls under the educational domain and can be considered remediation of movement skills. In Adapted Physical Education there also is a focus

on modifying and adapting the environment and demands of the task to enable the student to participate in physical activity with non-disabled peers.

Another distinction, which differentiates the three, is the relationship of each to curriculum. While they all may provide services that assist the student with participation in and progress toward the educational curriculum, the Adapted Physical Education specialist is most concerned with assisting the student with the general physical education curriculum. There is no specific curriculum area for occupational or physical therapy.

Best Practice: A collaborative approach among these specialists is recommended. When a student receives two or more services, often, the child's disability is such that it is interfering with a given movement performance. Assistive devices and specific exercises identified by a therapist often are needed to help the child. In these cases, the Adapted Physical Education specialist, as well as the special education teacher, should be aware of how to use the specialized equipment and how to perform the exercises. On the other hand, children may perform skills with their peers during physical education that they are not motivated to perform in therapy sessions. By communicating with the therapist, the Adapted Physical Education specialist can keep these professionals informed about skill transfer to the educational settings that involve group participation.

CHAPTER 6 - ADAPTED PHYSICAL EDUCATION IN PRIVATE NON-PUBLIC , AND CHARTER SCHOOLS

6.1 STANDARD: A child, who has been placed in a private school by parents, will be assessed if referred to special education.

Legal Reference: *In general, all children with disabilities residing in the State, including children with disabilities attending private schools, regardless of the severity of their disability, and who are in need of special education and related services, are identified, located, and evaluated.* (20 U.S.C. sec. 1412(a)(10)(A)(ii); 34 CFR sec. 300.451.)

Each district, special education local plan area, or county office shall establish written policies and procedures for a continuous child-find system which addresses the relationships among identification, 34 CFR sec. 300.453 - 300.462, assessment, planning, implementation, review, and the triennial assessment. (Sec. 56301.)

Discussion: All children, who are suspected of having a disability, must be assessed, according to the child-find procedures of the LEA, to determine a free and appropriate public education (FAPE). (Sec. 56301.)

Best Practice: The adapted physical education specialist should be familiar with all child-find procedures as the specialist is part of the educational team. When a referral comes to the LEA, the Adapted Physical Education specialist will help develop an appropriate assessment plan when the areas of suspected disability include areas specific to adapted physical education.

6.2 STANDARD: A student enrolled by a parent in a private school is entitled to the amount of support provided to students in public schools in the SELPA.

Legal Reference: Sec. 34 CFR sec. 300.454(a)(b) and 300.455(a)(3). The latter statute states in part *No private school child...is entitled to any service...the child would receive if enrolled in a public school.* Parents who choose to enroll their child in a private school, are entitled to services offered by SELPA funding limits. Children, who have been identified as having a disability, are in need of special education and related services, and are attending a private school are entitled to special education and related services in accordance with 34 CFR sec. 300.453 - 300.462.

Discussion: Once a child has been assessed and has been found eligible for special education, an IEP must be developed which offers a free and appropriate public education (FAPE). If the parent agrees that the IEP does offer FAPE but wants the child to attend a private school, the LEA is not responsible to provide special education. However, private school students who qualify for adapted special education services are allotted a dollar amount of services. This dollar amount, usually not much, can be used at their discretion. This money is determined by the number of students in the district that are attending private schools. (34 CFR sec. 300.453 - 300.462)

Note: All statutory citations apply to the California Education Code unless otherwise stated.

Before IDEA '97, many Adapted Physical Education specialists had private school children come to a public school to receive Adapted Physical Education services. This type of service is no longer required by law. A LEA may select to continue to offer services to private students who had been receiving special education, including Adapted Physical Education DIS, or the LEA may inform parents that these services are no longer legally required. (34 CFR sec. 300.453 - 300.462.)

The ISP is carried out by the personnel at the child's private school. The LEA has a responsibility to provide consultation to the private school staff. The monies allocated for consultation are based upon a proportionate share of funding formula and must be determined by the LEA. Often, the amount is minimal (\$500/private school child) for the year. The type of consultation to be provided needs to be determined by the LEA. Often the SELPA will establish procedures. The proportionate share of funding does not include the expense to the LEA for child-find. (34 CFR sec. 300.453 - 300.462.)

Best Practice: The role of the Adapted Physical Education Specialist may be primarily to provide consultation and in-service training on behalf of the student in a private school setting. The Adapted Physical Education specialist needs to ensure that the goals and objectives identified on the ISP are appropriate.

6.3 STANDARD: A child, who has been found eligible for special education and in need of Adapted Physical Education services and who attends a non-public school, shall receive Adapted Physical Education when the IEP specifies the service.

Legal Reference: *The non-public, nonsectarian school or agency shall provide all services specified in the individualized education program, unless the nonpublic, nonsectarian school or agency and the district, special education local planning area, or county office agree otherwise in the contract or individualized services agreement. (Sec. 56366(a)(5).)*

Discussion: The child-find procedures identified in sections 56300 – 56303 must be followed for children who attend nonpublic school. At an IEP meeting, a parent may request adapted physical education services as well as other designated instruction and services. The LEA has a responsibility to provide those services which have been identified by the IEP team. (Sec. 56300 - 56303, sec. 56320 et seq.* and 56340 et seq.*)

Best Practice: It is the responsibility of the LEA to ensure that the nonpublic school provides all the services within the individual services agreement. The district, SELPA or county office may be identified as the service provider. When that occurs, the Adapted Physical Education specialist should assist the local education agency in establishing a method of service delivery.

* et seq: (Latin) "et sequentes" "et sequentia" "and the following" denominates page reference and statutory section numbers.